News Flash – Section 6409(a) of the Affordable Care Act requires the Secretary of the Department of Health and Human Services, in cooperation with the Inspector General of the Department of Health and Human Services, to establish a Medicare self-referral disclosure protocol ("SRDP") that sets forth a process to enable providers of services and suppliers to self-disclose actual or potential violations of Section 1877 of the Social Security Act (the Act). The SRDP requires health care providers of services or suppliers to submit all information necessary for CMS, on behalf of the Secretary, to analyze the actual or potential violation of Section 1877 of the Act. Section 6409(b) of the ACA, gives the Secretary of HHS the authority to reduce the amount due and owing for violations of Section 1877. The SRDP is located at *http://www.cms.gov/PhysicianSelfReferral/* on the CMS website.

MLN Matters® Number: MM7202	Related Change Request (CR) #:7202
Related CR Release Date: November 10, 2010	Effective Date: April 1, 2011
Related CR Transmittal #: R2090CP	Implementation Date: April 4, 2011

Implementation of Errata version 5010 of Health Insurance Portability and Accountability Act (HIPAA) transactions, and updates in 837I, 837P, and 835 flat files

Provider Types Affected

This article is for physicians, providers and suppliers who bill Medicare Contractors (carriers, Fiscal Intermediaries (FIs), Part A/B Medicare Administrative Contractors (A/B MACs), Durable Medical Equipment DME) MACs, and Regional Home Health Intermediaries (RHHI)), for services provided to Medicare beneficiaries.

Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 7202 to alert and update providers about the Administrative Simplification provisions of HIPAA Regulations that the Secretary of the Department of Health and Human Services (DHHS) is required to adopt regarding standard electronic transactions and code sets. Currently, CMS is in the process of implementing an ERRATA version of 5010 of the HIPAA transactions as well as the updates to the

837I, 837P and 835 flat files. **Be sure that you will be compliant with this next HIPAA standard by January 1, 2012.**

Background

The Secretary of DHHS has adopted ASC X12 version 5010 and NCPDP version D.0 as the next HIPAA standard for HIPAA covered transactions. The final rule was published on January 16, 2009. Some of the important dates in the implementation process are:

- Effective Date of the regulation: March 17, 2009;

- Level I compliance by December 31, 2010;

- Level II Compliance by December 31, 2011; and

- All covered entities have to be fully compliant on January 1, 2012

To review the explanation of these levels you may go to an earlier MLN Matters® article, MM6975 on the *Additional Instruction for Implementation of Health Insurance Portability and Accountability Act of 1996 (HIPAA) Version 5010 for Transaction 835 - Health Care Claim Payment/Advice and Updated Standard Paper Remit (SPR)* at *http://www.cms.gov/MLNMattersArticles/downloads/MM6975.pdf* on the CMS website.

Key Points of CR7202

CMS is working with your Medicare contractors to implement the new HIPAA standard (version 5010) correctly and:

- CMS expects that external testing will start on January 2011, but no sender/receiver will be migrated to 5010A1 production before April 2011;
- During the transition period January 2011 - March, 2011, Medicare contractors will be ready to receive/send transactions in version 4010A1 as well as test in version 5010. From April 2011 to December 2011, contractors will be ready to receive/send transactions in version 4010A1 as well as test and receive/send all transactions in version 5010 or the appropriate errata versions; and
- All Medicare claims processing systems will use appropriate X12 based Flat File layouts for transactions 837I, 837P, and 835, as attached to CR7202. (To review the file descriptions, go to *http://www.cms.gov/Transmittals/downloads/R2090CP.pdf* on the CMS website.)

- Over the past year, there has been discussion about modifications needed to implement 5010 correctly. As a result, X12N released the ERRATA modifications, and they were adopted by DHHS. CMS will implement the changes that impact Medicare and update the relevant flat files even if specific modifications do not impact Medicare.
- The ERRATA are basically modifications to some of the TR3s. For Medicare the following TR3 name changes will be required per:
    o 005010X279A1 270/271 Health Care Eligibility Benefit Inquiry and Response (A separate CR will be issued for the 270/271);
    o 005010X221A1 835 Health Care Claim Payment/Advice;
    o 005010X222A1 837 Health Care Claim: Professional;
    o 005010X223A2 837 Health Care Claim: Institutional; and
    o 005010X231A1 999 Implementation Acknowledgment for Health Care Insurance.

Additional Information

The official instruction, CR 7202 issued to your carrier, A/B MAC, and RHHI regarding this change may be viewed at *http://www.cms.gov/Transmittals/downloads/R2090CP.pdf* on the CMS website.

If you have any questions, please contact your carrier, A/B MAC, or RHHI at their toll-free number, which may be found at *http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website.

News Flash - **Each Office Visit is an Opportunity.** Medicare patients give many reasons for not getting their annual flu vaccination, but the fact is that there are 36,000 flu-related deaths in the United States each year, on average. More than 90% of these deaths occur in people 65 years of age and older. Please talk with your Medicare patients about the importance of getting their annual flu vaccination. This Medicare-covered preventive service will protect them for the entire flu season. And remember, vaccination is important for health care workers too, who may spread the flu to high risk patients. **Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself. Get Your Flu Vaccine - Not the Flu.** Remember – Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza vaccine and its administration, as well as related educational resources for health care professionals and their staff, please visit *http://www.cms.gov/MLNProducts/Downloads/Flu_Products.pdf* and *http://www.cms.gov/AdultImmunizations* on the CMS website.